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PTC SB/122 (09-03)
Approved for use through 11/30/2005. DMB 0651-0035
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## U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paper fork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB **Application Number CHANGE OF** CORRESPONDENCE ADDRESS Filing Date Application First Named Inventor 1661 Art Unit Address (4: Commissioner for Patents Mª Corne P.O. Box 1450 Alexandria, VA 22313-1450. **Examiner Name** Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to: Customer Number: OR Firm of CATHERINE ANNE WHEALY Individual Name Address P.O. BOX 220 **Address TOLAR TEXAS** 76476 State City USA Country 254-835-5150 254-834-3571 Telephone Fax This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: pplicant/Inventor ssignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or Agent of record. Registration Number 39,419 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Typed or Printed C THERINE ANNE WHEALY Name Signature Telephone 254-835-5150 Date NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below. NOTE: Signatures of \*Total of forms are submitted.

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